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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number <b>09/833,452</b>		Filing Date <b>12 April, 2001</b>		<input type="checkbox"/> To be Mailed					
				Applicant(s) <b>VOGEL ET AL.</b>						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/01/2010		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2							52						
3				1			53						
4					1		54				1		
5							55				1		
6						1	56						
7							57				1		
8							58				1		
9					1		59				1		
10							60				1		
11						1	61						
12							62						
13							63						
14						1	64						
15							65						
16						1	66				1		
17							67				1		
18						1	68				1		
19							69						
20						2	70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83				1		
34							84				1		
35							85				1		
36							86				1		
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43				13			93						
44							94						
45					1		95						
46							96						
47					1		97						
48							98						
49					1		99						
50							100						
Total Indep							Total Indep			7			
Total Depend							Total Depend			38			
Total Claims							Total Claims			45			

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Part of Paper No20100902-1.